


DEVELOPING YOUR BUSINESS PREPAREDNESS PLAN





This template has been designed for business and other non-governmental organizations as a preparedness tool. Please use the fillable boxes to type your responses, download, and save your form. If you have questions or need assistance filling out this plan, please contact Tukwila Emergency Management Division at emergencyprep@tukwilawa.gov

Section 1 – Plan to Stay in Business

Business Name:

Address:

City / State / Zip Code:

Phone:

If this location is not accessible we will operate from the location below.

Business Name:

Address:

City, State, Zip Code:


Phone:

Our Business Online:

Twitter:

Facebook:

LinkedIn:



The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.

Primary Emergency Contact:

Phone:

Alternative Phone:

E-mail:

If the person is unable to manage the crisis, the person below will succeed in management:

Secondary Emergency Contact:

Phone:

Alternative Phone:

E-mail:

The following natural and man-made disasters could impact our business:

Emergency Planning Team

The following people will participate in emergency planning and crisis management.



We Plan to Coordinate with Others

The following people from neighboring businesses and our building management will participate on our emergency planning team.

Our Critical Operations

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

Operation / Staff in Charge / Action Plan



Suppliers

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name:

Street Address:

City / State / Zip Code:

Phone:

E-mail:

Contact Name:

Account Number:

Materials / Service Provided:

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name:

Street Address:

City / State / Zip Code:


Phone:

E-mail:

Contact Name:

Account Number:

Materials / Service Provided:



If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name:

Street Address:

City / State / Zip Code:

Phone:

E-mail:

Contact Name:

Account Number:

Materials / Service Provided:

Cyber Security

To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will use back-up computers at the following location:



Records Back-Up

Point of contact responsible for backing up our critical records including payroll and accounting systems:

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back-ups are stored onsite:

Another set of back-up records is stored at the following off-site location:

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:



Section 2 – Emergency Contact and Communications Plan

Emergency Contact Information

Dial 9-1-1 in an Emergency.

Poison Control:

Insurance Provider:

Communications

We will communicate our emergency plans with co-workers in the following way:

In the event of a disaster we will communicate with employees in the following way:

Section 3 – Evacuation Plan

Evacuation Plan for Location:

If we must leave the workplace quickly:

1. Warning System:

We will test the warning system and record results times a year.

2. Assembly Site:

3. Assembly Site Manager & Alternate:

a. Responsibilities Include:

4. Shut Down Manager & Alternate:

a. Responsibilities Include:

5. Name of POC responsible for issuing all clear:

Evacuation Checklist:

- ☐ We have developed these plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- ☐ We have located, copied and posted building and site maps.
- ☐ Exits are clearly marked.
- ☐ We will practice evacuation procedures times a year.

Section 4 – Shelter-in-Place Plan

Shelter-in-Place for Location:

If we must take shelter quickly (things to consider):

1. Warning System:

We will test the warning system and record results times a year.

2. Storm Shelter Location:

3. “Seal the Room” Shelter Location:

4. Shelter Location & Alternate:

a. Responsibilities Include:

5. Shut Down Manager & Alternate:

a. Responsibilities Include:

6. POC responsible for issuing the all clear:

Shelter-in-Place Checklist:

- ☐ We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.
- ☐ We have located, copied and posted building and site maps.
- ☐ We will practice shelter procedures times a year.



Section 5 – Plan to Share, Practice, Train and Review

Share

When you have completed your plan, please print several copies and place them in key locations around the workplace, at the alternate work site, and ask emergency planning team to keep a copy at home.

Practice

You need to train and practice with your staff on how to complete assigned responsibilities. Make sure to use the training & review section below. Once your staff is trained, you should conduct an exercise to test your staff’s ability to respond to the emergency.

Training & Review Dates:

Date:

Type of Training/Review:

Personnel Activated:

[Click to add additional training / reviews]

Review Dates

Identify when your business reviews your plan, note the modifications made, and when it was saved to a back-up server.

Date of Review:

Modifications:

Date Saved to Server:

[Click to add additional Reviews]